

**TENNESSEE DEPARTMENT OF AGRICULTURE**  
**C. E. KORD ANIMAL DISEASE LABORATORY, DIVISION OF REGULATORY SERVICES**  
**SUBMISSION QUESTIONNAIRE**  
(Use other side for biopsy submission)

<b>CLINIC</b> _____	<b>Date</b> _____
<b>VETERINARIAN</b> _____	<b>OWNER</b> _____
<b>STREET</b> _____	<b>STREET</b> _____
<b>CITY</b> _____ <b>ST</b> _____ <b>ZIP</b> _____	<b>CITY</b> _____ <b>ST</b> _____ <b>ZIP</b> _____
<b>COUNTY</b> _____ <b>CO.#</b> _____	<b>COUNTY</b> _____ <b>CO.#</b> _____
<b>PHONE</b> (____) _____ <b>FAX</b> (____) _____	<b>PHONE</b> (____) _____
(If call desired, include Area Code)	

**PLEASE CIRCLE BELOW WHERE APPLICABLE:**

**SPECIES:** avian bovine canine equine feline porcine other \_\_\_\_\_ **BREED:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ days months years      **SEX:** female male neuter

**SPECIMEN(s) SUBMITTED:**

**Fixed:** Brain Heart Stomach Intestine Liver Lung Spleen Kidney Other \_\_\_\_\_

**Fresh:** Brain Heart Stomach Intestine Liver Lung Spleen Kidney Other \_\_\_\_\_

Serum Blood Ocular Fluid Urine Stomach contents Feed Other \_\_\_\_\_

**EXAM REQUESTED:** Necropsy Histopathology Cytology Culture Sensitivity FA Serology Toxicology Virology

**TEST FOR:** \_\_\_\_\_

Duration of Illness \_\_\_\_\_

Treatments: Antibiotics Corticosteroids Fluids Other \_\_\_\_\_

Vaccination Status: None Up to Date Unknown

Vaccinated for: \_\_\_\_\_

Number of Animals in Group: \_\_\_\_ No. sick \_\_\_\_ No. dead \_\_\_\_

**HISTORY:** ( Clinical signs, management practices, ration, history of disease, etc. )

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Telephone #615-837-5125

Fax #615-837-5250

**U. S. Postal Service Address:**

C. E. Kord Animal Disease Laboratory  
P. O. Box 40627 Melrose Station  
Nashville, TN 37204-0627

**Need Forms** (?) Yes \_\_\_\_ No \_\_\_\_

**Overnight Delivery Address:**

C. E. Kord Animal Disease Laboratory  
Ellington Agricultural Center  
440 Hogan Rd.  
Nashville, TN 37220

**CLINIC** \_\_\_\_\_ **BIOPSY**  
**Date** \_\_\_\_\_  
**VETERINARIAN** \_\_\_\_\_ **OWNER** \_\_\_\_\_  
**STREET** \_\_\_\_\_ **STREET** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**COUNTY** \_\_\_\_\_ **CO.#** \_\_\_\_\_ **COUNTY** \_\_\_\_\_ **CO.#** \_\_\_\_\_  
**PHONE** (\_\_\_\_) \_\_\_\_\_ **FAX** (\_\_\_\_) \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_ ( If call  
desired, include Area Code )

**PLEASE CIRCLE BELOW WHERE APPLICABLE:**

**Exam Requested:** Histopath Cytology Cult. Sens. FA Sero. Tox. Vir. Other \_\_\_\_\_

**Specimen(s) submitted** \_\_\_\_\_

**SPECIES:** avian bovine canine equine feline porcine other \_\_\_\_\_ **BREED:** \_\_\_\_\_

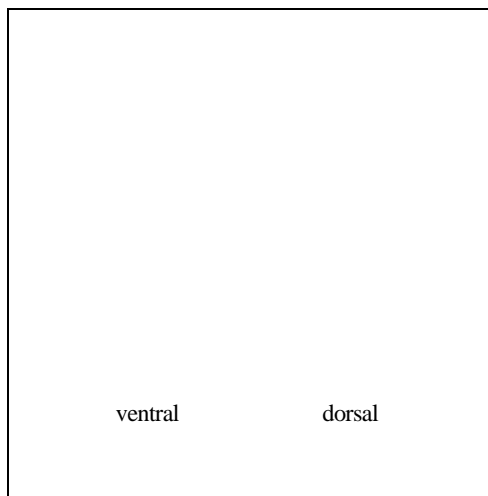
**AGE:** \_\_\_\_\_ days months years **SEX:** female male neuter

**BIOPSY:** Size: <1 cm dia. 1-5 cm >5 cm  
Removal: incisional excisional  
Character: discrete infiltrative Pruritic: Y N Seasonal: Y N  
Consistency: cystic firm hard other \_\_\_\_\_  
Distribution: focal multifocal symmetrical non-symmetrical

**Duration:** \_\_\_\_\_

**Site:** Specify below

**History:** \_\_\_\_\_



**U. S Postal Service and Overnight Address**

**See Other Side**

**Need Forms (?)**

**Yes No**